



X-Plain™ *Incision Care*

Reference Summary

More than 25 million patients undergo surgery every year in the United States. Skin can be closed after a surgery or a laceration in one of several ways.

If not taken care of, incisions can get infected, which sometimes results in serious complications. About 300,000 patients develop surgical wound infections; of those, about 10,000 die. This reference summary reviews the different ways that skin can be closed and how to care for an incision after it heals.

The Healing Process

After a surgical procedure or a laceration, a doctor closes the skin using the most suitable method. After an opening in the skin has been closed, special blood cells go to that area to fight possible infections. These cells cause new tissue to grow and a bridge of new skin is created, sealing the incision closed.

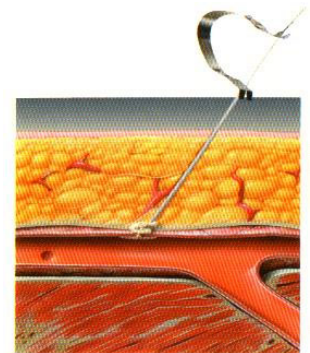
As a wound heals, there is normally a little redness and swelling in the area. The incision feels rather thick and hard. Over time, the swelling goes down and the incision area softens.

It can take a few weeks or months for an incision to reach its final appearance. During that time, the patient should keep the incision covered when exposed to sun or when tanning. New skin is very sensitive and can burn easily, which leads to worse scarring.

Types of Closures

Many skin openings are closed with sutures that are placed at different depths of the incision. A suture is made by sewing the skin together using a special thread.

The thread used to make a suture may either be absorbable or non-absorbable. If the suture can be broken down and absorbed by the body, it is absorbable. Non-absorbable sutures that are deep in the incision are not taken out.



Many surgeons close the skin with staples.

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Other surgeons close the skin using an absorbable suture that lies just under the skin and cannot be seen. With absorbable sutures, special band-aids, called Steri-Strips®, are sometimes used to keep the skin edges together.

Surgeons occasionally close incisions with a non-absorbable suture that lies under the skin. A non-absorbable suture sticks out at both ends of the incision so it can be removed within a week to 10 days. Steri-Strips may also be used with this method of closure.

Sometimes the surgeon closes the skin with skin glue. It is a paste-like substance with a slightly bluish tint that is spread over the incision.

The doctor decides which closure technique is the best closure for each individual incision or laceration.

Incision Care

An incision or laceration should be treated gently, no matter what type of closure is used. It should not be stretched, harshly rubbed, or pulled apart.

Upon leaving the hospital, an incision may be covered with a protective covering called a dressing. Dressings are usually made of gauze and some type of tape to hold it on.

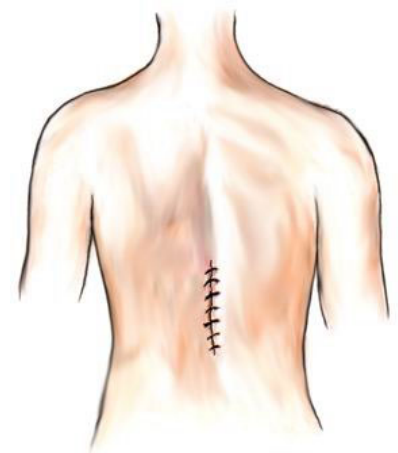
All incisions, except those closed with glue, should stay dry for about 7 to 10 days, until the sutures or staples are taken out. They should be dried right away if they accidentally get wet.

Incisions that are closed with glue can usually be left uncovered and can get wet during showering or bathing. However, it is important to dry the area thoroughly afterward. About 10-14 days after being applied, skin glue starts to loosen up and peel off. When this happens, it is okay to rub it off the skin.

Non-absorbable sutures and staples are usually taken out 7-10 days after closure. Having the sutures or staples removed is usually not painful.

The doctor always informs the patient whether the incision must be covered and for how long.

When Steri-Strips are used and no sutures show on the outside, the incision typically needs to stay dry for 4-5 days. The period of time may vary.



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As time goes by, the Steri-Strips® will start to loosen up and curl; when this happens, they can be pulled off. They should not stay on for more than 2 weeks.

Your doctor may let you use a special tape, called op-site to cover the incision while showering or bathing. Op-site should be taken back off after bathing and the incision should be dried thoroughly, in case water has reached it.

Questions

The following are some of the questions that you may want to ask your doctor concerning your incision or laceration:

- What type of closure was used?
- Will I need to come back to have any sutures or staples removed?
- How long should I keep the incision covered?
- Should I keep the incision dry? If yes, for how long?
- If I have to come in for a follow-up appointment, when should it be?
- Are there any specific signs or symptoms I should watch for?

What To Watch For

It is normal for an incision to become slightly elevated and red during the first 1-2 weeks of the healing process.

The doctor should be notified in cases of:

- Fever
- Drainage
- Severe bruising around the incision
- Severe pain and tenderness.

Good General Hygiene

Good hygiene can help to prevent infection at the incision site. Here are 5 general tips:

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- Wash your hands thoroughly if you touch anything that is dirty. This is especially important after you go to the bathroom.
- Ask anyone who comes in contact with you to wash his or her hands first.
- If you smoke, stop smoking or try to cut down. Smoking slows down the healing process.
- If someone who is sick or has an infection wants to visit you, ask him or her to wait until they are better to visit you, if possible.
- If you have any type of dressing or covering, get help if it becomes loose.



Summary

Thanks to advances in medicine, several closure techniques are available to help surgical wounds and lacerations heal fast with less scar tissue.

If not treated with care, incisions can get infected. By following instructions from the doctor and practicing good hygiene, complications like infections are fairly rare.

Ask your doctor for specific instructions regarding the care of **YOUR** incision or laceration. Do not hesitate to call your healthcare provider if you have questions or you notice signs of infection.

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